

ASKING FOR FAMILY COURT SERVICES

YOU WANT TO ASK FOR ONE OR MORE OF THESE SERVICES:

Reconciliation/Separation Counseling

before or during a divorce or legal separation

Family Mediation

before, during, or after a court case involving children

Family Evaluation

during or after a court case involving children

Property or Support Mediation

during or after a divorce or legal separation

(To schedule property or support mediation before a divorce or legal separation is started, call the Alternative Dispute Resolution Director at 679-7508.)

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you understand your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

INSTRUCTIONS

STEP 1: FILL OUT THESE FORMS

- ☐ Petition for Family Court Services
- ☐ Order for Family Court Services

STEP 2: IF YOUR CASE STATUS IS “PRE-FILING”: ALSO FILL OUT THESE FORMS

If your case status is not “Pre-Filing”, skip these forms.

- ☐ Domestic Relations Cover Sheet
- ☐ Confidential Sensitive Data Form

STEP 3: FILE THE FORMS WITH THE COURT

Take or mail the original and two copies of each form to the Clerk’s Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001. The Clerk will stamp your copies with the filing date and return them to you for your records.

If you file by mail: Include a self-addressed, stamped envelope and a note asking the Clerk to return the date-stamped copies to you.

STEP 4: ON THE DAY YOU FILE IT, MAIL OR HAND-DELIVER A COPY OF THE PETITION FOR FAMILY COURT SERVICES TO THE OTHER PARTY

STEP 5: THE COURT WILL MAIL YOU AN ORDER

The Order might:

- Grant your requests
- Deny your requests
- Schedule a hearing to ask you questions
- Make other orders the judge thinks proper

STEP 6: WAIT TO BE CONTACTED TO SCHEDULE THE SERVICE

If the court orders:	You’ll be contacted by:
reconciliation/separation counseling	the counselor
family mediation	the mediator
family evaluation	the court or the evaluator
property or support mediation	the court

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name on the Petition that started this case (*if no case has been started, enter your name*):

Case Number (*if you have one*): DO _____

PETITION FOR FAMILY COURT SERVICES: (*check all that apply*)

- ☐ **Reconciliation/Separation Counseling**
before or during a divorce or legal separation
- ☐ **Family Mediation**
before, during, or after a court case involving children
- ☐ **Family Evaluation**
during or after a court case involving children
- ☐ **Property or Support Mediation**
during or after a divorce or legal separation

The Other Party's Name:

NOTICE TO THE OTHER PARTY: *If you do not agree with this Petition, you have 10 days, not including weekends and holidays, starting the day after you received this Petition, to file a Response with the court. If you do not file a Response, the court might make a decision about this Petition without your input.*

My Case Status:

- ☐ **Pre-Filing:** Neither party has filed a family law Petition.
- ☐ **Pre-Decree:** I or the other party filed a family law Petition, and the court has not signed a Decree yet. I am the ☐ Petitioner or ☐ Respondent.
- ☐ **Post-Decree:** I and the other party have a family law Decree signed by the court. I am the ☐ Petitioner or ☐ Respondent.

Our Children: *(if there are children in your case)*

These children are under 18 and are my and the other party's biological or adopted children.

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

The Other Party:

Mailing Address: _____
City, State, Zip: _____

Domestic Violence:

Has there ever been domestic violence between you and the other party? ☐ Yes ☐ No

If yes, give details:

Is there an Order of Protection between you and the other party right now? ☐ Yes ☐ No

Was there an Order of Protection between you and the other party in the past? ☐ Yes ☐ No

Have you or the other party ever been arrested for domestic violence? ☐ Yes ☐ No

I Ask for These Services:

☐ **Reconciliation/Separation Counseling.** *(only available Pre-Filing or Pre-Decree)*

☐ **Family Mediation:** I want a mediator to help me and the other parent come to agreements about legal decision-making or parenting time. I want mediation because:

I understand that if our case is Post-Decree, family mediation costs \$100 per party.

Have you and the other party been to mediation before through the court? ☐ Yes ☐ No

☐ **Family Evaluation:** *(only available Pre-Decree or Post-Decree)* I want a mental health professional to evaluate the family and to recommend a ☐ legal decision-making and/or ☐ parenting time arrangement to the court. I understand that if our case is Post-Decree, there will be a fee for the evaluation, set by the evaluator.

☐ **Property or Support Mediation:** *(only available Pre-Decree or Post-Decree)* I want mediation to help me and the other party come to agreements about *(check all that apply)*: ☐ child support ☐ spousal support ☐ dividing property and debts ☐ enforcement issues ☐ other:

I understand that property or support mediation costs \$240 per party.

Certificate of Service:

I will ☐ mail ☐ hand-deliver ☐ email a copy of this document on the day I file it to the other party/the other party's attorney at this address:

Date: _____

Signature of Person Filing: _____

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name on the Petition that started this case (if no case has been started, enter your name):

Case Number (if you have one): DO _____

ORDER FOR FAMILY COURT SERVICES:

(check all that apply)

☐ **Reconciliation/Separation Counseling**

before or during a divorce or legal separation

☐ **Family Mediation**

before, during, or after a court case involving children

☐ **Family Evaluation**

during or after a court case involving children

☐ **Property or Support Mediation**

during or after a divorce or legal separation

The Other Party's Name:

Fill this out for the judge to sign.

Case Status:

☐ Pre-Filing ☐ Pre-Decree ☐ Post-Decree

The Court Orders These Services:

☐ **Reconciliation/Separation Counseling:** The case is transferred to Conciliation Court.

☐ **Family Mediation:** The case is transferred to Conciliation Court.

☐ **Family Mediation, Post-Decree**

☐ **Family Evaluation:** The case is transferred to Conciliation Court.

☐ **Property or Support Mediation** about ☐ child support ☐ spousal support ☐ dividing property and debts ☐ enforcement issues ☐ other: _____

If this mediation is about child support, both parties must bring proof of income and proof of any expenses related to the children.

If this mediation is about dividing property and debts, both parties must bring proof of the following: debts, bank accounts, employment benefits, and property ownership and value.

Stay on the Case:

Leave this unchecked. This is for the judge to check.

☐ There is a stay (pause) on this case, and the parties may not ask for any court orders (except for in an emergency*) until 1) the parties receive a court order terminating the case from Conciliation Court or 2) 60 days have passed, whichever happens sooner.

Your Safety:

If you think these services would endanger you because of domestic violence, you can tell the court by using the self-help packet called *Telling the Court That Conciliation Court Services Could Endanger You*, available at the Law Library in the Coconino County Courthouse or online at <http://coconino.az.gov/lawlibrary>.

Scheduling Your Services:

The Court will contact you to schedule your services.

Do not sign. This is for the judge to sign.

Date: _____ Superior Court Judge: _____

cc: Person Filing/Attorney, The Other Party/Attorney, Sid Buckman, Division _____

*Emergencies: During the stay, the parties may still ask the court for an Order of Protection, for orders based on an emergency the party can prove to the court, or to enforce a court order for parenting time.

SUPERIOR COURT OF COCONINO COUNTY, ARIZONA

DOMESTIC RELATIONS COVER SHEET - CASE NUMBER DO _____

Please print or type the following information

TYPE OF ACTION: (Check One)

☐ Dissolution: ☐ With Children / ☐ Without Children
☐ Separation: ☐ With Children / ☐ Without Children
☐ Move a Case to This Court From Another State

☐ Annulment ☐ Custody (Unmarried Parents)
☐ Paternity/Maternity ☐ Order of Protection

PETITIONER

Name _____
Mailing Address _____
City, State, Zip _____
Phone Number _____
Email _____
Gross Monthly Income: _____
Date of Birth _____ ☐ Male ☐ Female
☐ White ☐ Hispanic ☐ Black ☐ Native American
☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Other

RESPONDENT

Name _____
Mailing Address _____
City, State, Zip _____
Phone Number _____
Email _____
Gross Monthly Income: _____
Date of Birth _____ ☐ Male ☐ Female
☐ White ☐ Hispanic ☐ Black ☐ Native American
☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Other

PETITIONER'S ATTORNEY

Name _____
Mailing Address _____
City, State, Zip _____
Phone Number _____

RESPONDENT'S ATTORNEY

Name _____
Mailing Address _____
City, State, Zip _____
Phone Number _____

MINOR CHILDREN

Name _____
Name _____
Name _____
Name _____

DOB _____
DOB _____
DOB _____
DOB _____

Names and DOB of any OTHER minor children of the petitioner and/or respondent, who are not involved in this case.

Are any of the children named above parties in a ☐ Juvenile Delinquency, ☐ Dependency or ☐ Guardianship?

Have there been any other cases (excluding minor traffic offenses) in any court involving members of this family? If so, provide the case number. Please ask the Clerk to look up the case number for you if you do not know it.

Has anyone listed on this cover sheet been named in a Order of Protection or Injunction Against Harassment? If yes, please identify.

What Court granted the Protection Order?

Where did you get the forms you are filing today? ☐ Self -Help Center ☐ Online ☐ Attorney ☐ Bookstore
☐ Other: _____

FLAP Attorney Initials _____

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

_____ Case Number (*leave blank*): DO _____
Petitioner's Name

CONFIDENTIAL SENSITIVE DATA
FORM

_____ Respondent's Name
NOT FOR PUBLIC RECORD
(OMIT SOCIAL SECURITY DATA ON OTHER FORMS)

A. Personal Information:

	Name	Date of Birth	Social Security Number
Petitioner:	_____	_____	_____
Respondent:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____

OPTIONAL

B. Financial Account Numbers (including credit cards, financial institution records, investments, debts):

Financial Institution	Type of Account	Name(s) on Account	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Pension and Retirement Accounts (including IRAs, 401Ks):

Financial Institution	Type of Account	Name(s) on Account	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Life Insurance Policies:

Financial Institution	Type of Account	Name(s) on Account	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____